

Case Number:	CM13-0056721		
Date Assigned:	12/30/2013	Date of Injury:	01/26/2011
Decision Date:	05/06/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old female who reported an injury on 01/26/2011, after a fall. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy, a home exercise program, activity modifications, acupuncture, and medications. The injured worker was evaluated on 10/09/2013. It was documented that she was participating in physical therapy for the cervical spine and right arm with no improvement. The injured worker complained of pain rated at an 8/10. Physical findings included a positive Spurling's sign, a positive shoulder abduction sign, decreased sensation in the lateral forearm, thumb, and middle finger of the right side with absent reflexes of the triceps, biceps, and brachioradialis. The injured worker had decreased motor strength rated at a 4+/5 of the deltoids, biceps, and triceps on the right side. It was also documented that the injured worker had 4+/5 motor strength of the extensor hallucis longus on the left side. The injured worker had altered sensation along the lateral aspect of the right foot. The injured worker's diagnoses included cervical radiculopathy, cervical spondylosis, cervical stenosis, right carpal tunnel syndrome, lumbar spondylolisthesis, and lumbar radiculopathy. The injured worker's treatment plan included physical therapy for the back and continuation of anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY TWO (2) TIMES PER WEEK FOR THREE (3) WEEKS, TO AN UNSPECIFIED BODY PART IS NOT MEDICALLY NECESSARY AND APPROPRIATE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested outpatient physical therapy twice per week for 3 weeks to an unspecified body part is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the injured worker has previously participated in physical therapy. Therefore, a home exercise program would be appropriate for this injured worker. There are no barriers noted within the documentation to preclude further progress of the injured worker while participating in a home exercise program. Additionally, the request as it was submitted did not specify a body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested outpatient physical therapy twice per week for 3 weeks to an unspecified body part is not medically necessary or appropriate.